

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

05 - 02

2. STATE

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2005

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447

7. FEDERAL BUDGET IMPACT

a. FFY 2006 \$ (5.3 million)

b. FFY 2007 \$ (3.8 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, page 17.2,  
Attachment 4.19-D, page 5 of 5.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Same pages

10. SUBJECT OF AMENDMENT

Sunset Outpatient IGT Provisions in the State Plan for Medical Assistance -- Institutional

11. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT<sup>2006</sup>  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Patrick W. Finnerty

14. TITLE

Director

15. DATE SUBMITTED

March 30, 2005

16. RETURN TO

Dept. of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond VA 23219

Attn: Regulation Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

APR - 1 2005

18. DATE APPROVED

MAY 10 2005

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

JUL - 1 2005

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

JACKIE GARNER

22. TITLE

Deputy Director, CMSO

23. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

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- A. The medical services must be needed because of a medical emergency;
- B. Medical services must be needed and the recipient's health would be endangered if he were required to travel to his state of residence;
- C. The state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state;
- D. It is general practice for recipients in a particular locality to use medical resources in another state.

except in the case of an emergency because medical resources or supplementary resources are more readily available in another state.

12 VAC 30-70-425. Certified public expenditures for nonstate government-owned hospitals for inpatient services

A. In addition to payments made elsewhere, effective July 1, 2005 DMAS shall draw down federal funds to cover unreimbursed Medicaid costs for inpatient services provided by non-state government-owned hospitals as certified by the provider through cost reports.

B. A non-state government-owned hospital is owned or operated by a unit of government other than a state.

12VAC30-70-426. Supplemental payments to state government-owned hospitals for inpatient services. (Repealed effective July 1, 2005)

**(The next page is 18 of 23)**

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TN No. 05-02  
Supersedes  
TN No. 02-11

Approval Date MAY 10 2005

Effective Date 07/01/05

HCFA ID:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
LONGER TERM CARE SERVICES**

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12VAC30-90-19. Certified public expenditures for locally-owned nursing facilities

In addition to payments made elsewhere, effective July 1, 2005 DMAS shall draw down federal funds to cover unreimbursed Medicaid costs for inpatient services provided by non-state government-owned nursing homes as certified by the provider through cost reports. A local government nursing facility is defined as a provider owned or operated by a county, city, or other local government agency, instrumentality, authority or commission.

*(Former methodology repealed July 1, 2005)*

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TN No. 05-02  
Supersedes  
TN No. 00-11

Approval Date MAY 10 2005

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